

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 10, 2022

3:08 p.m.

**MEMBERS PRESENT**

Representative Liz Snyder, Co-Chair  
Representative Tiffany Zulkosky, Co-Chair  
Representative Ivy Spohnholz  
Representative Zack Fields  
Representative Ken McCarty  
Representative Mike Prax  
Representative Christopher Kurka

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 297

"An Act relating to the duties of the Department of Health and Social Services; relating to child protection; and relating to children of active duty military members."

- MOVED CSHB 297(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 265

"An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date."

- MOVED CSHB 265(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 292

"An Act relating to home and community-based services; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 297

SHORT TITLE: MILITARY MEMBER CHILD PROTECTION

SPONSOR(S): REPRESENTATIVE(S) HOPKINS

01/31/22 (H) READ THE FIRST TIME - REFERRALS  
 01/31/22 (H) MLV, HSS  
 02/22/22 (H) MLV AT 1:00 PM GRUENBERG 120  
 02/22/22 (H) Heard & Held  
 02/22/22 (H) MINUTE (MLV)  
 02/24/22 (H) MLV AT 1:00 PM GRUENBERG 120  
 02/24/22 (H) Moved CSHB 297 (MLV) Out of Committee  
 02/24/22 (H) MINUTE (MLV)  
 02/28/22 (H) MLV RPT CS (MLV) 6DP  
 02/28/22 (H) DP: CLAMAN, TARR, STORY, NELSON, SHAW,  
 TUCK  
 03/08/22 (H) HSS AT 3:00 PM DAVIS 106  
 03/08/22 (H) Heard & Held  
 03/08/22 (H) MINUTE (HSS)  
 03/10/22 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 265

SHORT TITLE: HEALTH CARE SERVICES BY TELEHEALTH  
 SPONSOR (s): REPRESENTATIVE (s) SPOHNHOLZ

01/18/22 (H) PREFILE RELEASED 1/14/22  
 01/18/22 (H) READ THE FIRST TIME - REFERRALS  
 01/18/22 (H) HSS, FIN  
 02/01/22 (H) HSS AT 3:00 PM DAVIS 106  
 02/01/22 (H) -- MEETING CANCELED --  
 02/03/22 (H) HSS AT 3:00 PM DAVIS 106  
 02/03/22 (H) -- MEETING CANCELED --  
 02/17/22 (H) HSS AT 3:00 PM DAVIS 106  
 02/17/22 (H) Heard & Held  
 02/17/22 (H) MINUTE (HSS)  
 03/03/22 (H) HSS AT 3:00 PM DAVIS 106  
 03/03/22 (H) Heard & Held  
 03/03/22 (H) MINUTE (HSS)  
 03/10/22 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 292

SHORT TITLE: HOME AND COMMUNITY-BASED WAIVER SERVICES  
 SPONSOR (s): REPRESENTATIVE (s) SNYDER

01/27/22 (H) READ THE FIRST TIME - REFERRALS  
 01/27/22 (H) HSS, FIN  
 02/24/22 (H) HSS AT 3:00 PM DAVIS 106  
 02/24/22 (H) <Bill Hearing Canceled>  
 03/03/22 (H) HSS AT 3:00 PM DAVIS 106  
 03/03/22 (H) Heard & Held  
 03/03/22 (H) MINUTE (HSS)  
 03/10/22 (H) HSS AT 3:00 PM DAVIS 106

## **WITNESS REGISTER**

TRAVIS ERICKSON, Division Operations Manager  
Office of Childrens Services  
Department of Health and Social Services  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on CSHB 297 (MLV).

SARA CHAMBERS, Director  
Division of Corporations, Business, and Professional Licensing  
Department of Commerce, Community & Economic Development  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 265.

DEBBIE MULHOLLAND, Caregiver  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 292.

JANET JOHNSON, representing self  
Cordova, Alaska

**POSITION STATEMENT:** Testified in support of HB 292.

JUDITH JESSEN, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 292.

LAURA BONNER, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 292.

ROSE JOHNSON, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 292.

## **ACTION NARRATIVE**

[3:08:27 PM](#)

**CO-CHAIR TIFFANY ZULKOSKY** called the House Health and Social Services Standing Committee meeting to order at 3:08 p.m. Representatives Spohnholz, Fields, McCarty, Prax, Snyder, and Zulkosky were present at the call to order. Representative Kurka arrived as the meeting was in progress.

**HB 297-MILITARY MEMBER CHILD PROTECTION**

[3:09:53 PM](#)

CO-CHAIR ZULKOSKY announced that the first order of business would be HOUSE BILL NO. 297, "An Act relating to the duties of the Department of Health and Social Services; relating to child protection; and relating to children of active duty military members." [Before the committee was CSHB 297(MLV).]

[3:10:55 PM](#)

The committee took a brief at-ease.

[3:11:02 PM](#)

CO-CHAIR ZULKOSKY opened public testimony on CSHB 297(MLV). After ascertaining there was no one who wished to testify, she closed public testimony.

[3:12:04 PM](#)

REPRESENTATIVE SPOHNHOLZ moved to adopt Amendment 1 to CSHB 297(MLV), labeled 32-LS1249\B.1, Foote, 3/9/22, which read:

Page 1, line 13:  
Delete "15"  
Insert "seven"

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

REPRESENTATIVE SPOHNHOLZ explained that the bill had been amended in a previous committee to give the department up to 15 days to notify the proper authorities at the duty station after receiving a report of harm. She reported that the committee has heard from the Office of Childrens Services (OCS) that it believes a maximum of seven days would be better as OCS would prefer to get information to military bases as soon as possible. She stated that Amendment 1 was brought forward to ensure that the bill did not have the unintended consequence of delaying notice of neglect or abuse to a military base. She emphasized that OCS had shared that the deadline of seven days was well within its standard operating practices and could be comfortably reached.

[3:13:06 PM](#)

REPRESENTATIVE MCCARTY agreed with the reasoning behind Amendment 1 and shared his understanding that other states have no deadline at all under the assumption that the information would be shared immediately. He commented that the point behind having a deadline was to move from assumption to assurance that the information would be delivered to the military bases quickly and that in his experience OCS has the capability to handle reports of harm quickly. He mentioned that the other amendment in the committee packet was one he sponsored that would make the deadline sooner.

[3:14:22 PM](#)

CO-CHAIR ZULKOSKY removed her objection.

[3:14:26 PM](#)

REPRESENTATIVE MCCARTY objected because of the similar nature of the amendments.

[3:14:48 PM](#)

REPRESENTATIVE PRAX suggested proposing an amendment to Amendment 1 that would change the deadline from seven to five days.

[3:15:11 PM](#)

REPRESENTATIVE SPOHNHOLZ indicated she would welcome the amendment to her amendment and would like OCS to be given the opportunity to comment. She shared that she supported the shortest possible timeline for notification but wanted to verify that OCS had the ability to comply with a shorter time frame.

[3:15:35 PM](#)

The committee took a brief at-ease.

[3:15:40 PM](#)

CO-CHAIR ZULKOSKY directed Representative Sponholz's question to the division operations manager of OCS.

[3:16:04 PM](#)

The committee took a brief at-ease.

[3:16:29 PM](#)

REPRESENTATIVE SPOHNHOLZ stated that the inclination of the committee was to ask OCS to report harm to duty stations as quickly as possible and asked what time frame would be practical for OCS in terms of compliance.

[3:16:58 PM](#)

TRAVIS ERICKSON, Division Operations Manager, Office of Childrens Services, Department of Health and Social Services, advocated for the seven-day time frame as being the most viable because the majority of reports OCS receives are categorized as "priority three," which already have a maximum of seven days to report. He explained that there are several priority levels, including emergencies which require immediate response, so having flexibility built into the notification requirement would help maintain OCS's ability to address all cases. Further, he stated that a seven-day requirement would align with their existing workload management systems.

REPRESENTATIVE SPOHNHOLZ requested a description of a "priority three" case and why seven days was an appropriate response time for these cases.

MR. ERICKSON expressed his understanding that the proposed legislation would not prevent OCS from giving notification sooner than seven days in urgent cases where immediate intervention was necessary, which was the policy already in place. In contrast, he described a hypothetical case in which a teacher may have reported concern for the long-term care of an older student who was not in immediate danger. He said this was an example of a priority three case that could appropriately be reported within seven days.

[3:19:40 PM](#)

REPRESENTATIVE MCCARTY removed his objection to Amendment 1 to CSHB 297(MLV). There being no further objection, Amendment 1 was adopted.

[3:20:15 PM](#)

CO-CHAIR ZULKOSKY noted that Amendment 2 would not be offered.

[3:20:25 PM](#)

The committee took a brief at-ease at 3:20 p.m.

[3:20:34 PM](#)

CO-CHAIR SNYDER moved to report CSHB 297(MLV), as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 297(HSS) was reported out of the House Health and Social Services Standing Committee.

[3:21:11 PM](#)

The committee took an at-ease from 3:21 p.m. to 3:24 p.m.

**HB 265-HEALTH CARE SERVICES BY TELEHEALTH**

[3:24:01 PM](#)

CO-CHAIR ZULKOSKY announced that the next order of business would be HOUSE BILL NO. 265, "An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date." [Before the committee, adopted as a working document on 3/3/22, was the proposed committee substitute (CS) for HB 265, Version 32-LS0754\N, Foote, 3/1/22, ("Version N").]

[3:24:58 PM](#)

REPRESENTATIVE MCCARTY moved to adopt Amendment 1 to HB 265, Version N, labeled 32-LS0754\N.1, Foote, 3/5/22, which read:

Page 2, line 18:  
Delete "podiatrist,"

Page 2, lines 20 - 21:  
Delete "or a botulinum toxin"

Page 2, line 21:  
Delete "podiatrist,"

Page 2, line 29:  
Delete "or a botulinum toxin."

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

[3:25:15 PM](#)

The committee took a brief at-ease.

[3:25:21 PM](#)

REPRESENTATIVE MCCARTY moved to adopt Conceptual Amendment 1 to Amendment 1, to ensure that podiatry was included in the language of the underlying amendment.

CO-CHAIR ZULKOSKY objected for the purpose of discussion, then removed her objection after hearing Representative McCarty's explanation. There being no further objection, Conceptual Amendment 1 to Amendment 1 was adopted.

[3:26:43 PM](#)

REPRESENTATIVE MCCARTY explained that Amendment 1, as amended, would remove botulism treatment from the bill because it was a treatment that cannot be done through telehealth.

[3:27:28 PM](#)

REPRESENTATIVE SPOHNHOLZ responded that the inclusion of Botox was an artifact of drafting the bill, which used statutory language referencing it. She stated that the intent was to remove unnecessary barriers to telehealth such as the requirement for on site [medical staff]. She said that allowing for telehealth prescription of medications that cannot be delivered through telehealth was not the intention and removing them from the bill "only made sense."

[3:28:11 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 1, as amended, was adopted.

[3:28:28 PM](#)

REPRESENTATIVE MCCARTY moved to adopt Amendment 2 to HB 265, Version N, labeled 32-LS0754\N.4, Dunmire/Foote, 3/8/22, which read:

Page 1, line 1, following "**medicine**":  
Insert "**and the practice of nursing**"

Page 2, line 25, following "AS 11.71.140 - 11.71.190":

Insert "if the advanced practice registered nurse complies with AS 08.68.710"

Page 4, following line 3:

Insert a new bill section to read:

"\* **Sec. 3.** AS 08.68 is amended by adding a new section to article 6 to read:

**Sec. 08.68.710. Prescription of drugs without physical examination.** (a) The board may not impose disciplinary sanctions on an advanced practice registered nurse for rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug that is not a controlled substance to a person without conducting a physical examination if

(1) the advanced practice registered nurse or another licensed health care provider in the medical practice is available to provide follow-up care; and

(2) the advanced practice registered nurse requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing advanced practice registered nurse is not the person's primary care provider and, if the person consents, the advanced practice registered nurse sends the records to the person's primary care provider.

(b) The board may not impose disciplinary sanctions on an advanced practice registered nurse for prescribing, dispensing, or administering a prescription drug that is a controlled substance if the requirements under (a) of this section and AS 08.68.705 are met and the advanced practice registered nurse prescribes, dispenses, or administers the controlled substance.

(c) Notwithstanding (a) and (b) of this section, an advanced practice registered nurse may not prescribe, dispense, or administer a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the advanced practice registered nurse does not have a prior provider-patient relationship.

(d) In this section,

(1) "controlled substance" has the meaning given in AS 11.71.900;

(2) "prescription drug" has the meaning given in AS 08.80.480;

(3) "primary care provider" has the meaning given in AS 21.07.250."

Renumber the following bill sections accordingly.

Page 8, line 24:  
Delete "sec. 4"  
Insert "sec. 5"

Page 8, line 27:  
Delete "Section 4"  
Insert "Section 5"

Page 8, line 31:  
Delete "sec. 4"  
Insert "sec. 5"

Page 9, line 2:  
Delete "sec. 4"  
Insert "sec. 5"

Page 9, line 8:  
Delete "sec. 4"  
Insert "sec. 5"

Page 9, line 9:  
Delete "sec. 8(b) "  
Insert "sec. 9(b) "

Page 9, line 11:  
Delete "sec. 9"  
Insert "sec. 10"

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

REPRESENTATIVE MCCARTY reported that Amendment 2 was based on Board of Nursing feedback that the bill would allow advance practice registered nurses (APRNs) to prescribe controlled substances without any caveats, which would give ARPNS a much broader scope of practice than what was currently in regulation. He explained that the intent was to align the regulations for the Board of Nursing with statutes that already exist for the Alaska State Medical Board (SMB). He read through the specific Alaska Statutes that would be affected by the amendment. He stated that the amendment would reduce convolution of regulation and provide statute for some policies already in regulation.

[3:30:43 PM](#)

REPRESENTATIVE SPOHNHOLZ agreed that the barriers to APRNs prescribing certain substances were in regulation rather than in statute and explained that because the bill was originally written to clean up statute, the inadvertent expansion of ARPNS prescribing authority was missed. She reiterated that Amendment 2 corrects that drafting error and ensures that ARPNS would have the same prescribing authority through telehealth as doctors do, which was an authority they already had.

[3:31:40 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 2 was adopted.

[3:31:58 PM](#)

CO-CHAIR ZULKOSKY noted Amendment 3 would not be offered.

[3:32:01 PM](#)

CO-CHAIR SNYDER moved to adopt Amendment 4 to HB 265, Version N, labeled 32-LS0754\N.9, Foote, 3/9/22, which read:

Page 5, lines 5 - 6:

Delete "and other federal waivers or demonstrations"

Page 5, line 17:

Delete "the Alaska Commission for Behavioral Health Certification"

Insert "a certifying entity for behavioral health professionals in the state specified by the department in regulation"

Page 5, line 25:

Delete "facsimile,"

Page 5, line 26:

Delete "and"

Page 5, line 29, following "substances":

Insert "; and

(12) services covered under federal waivers or demonstrations other than home and community-based waivers"

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

CO-CHAIR SNYDER summarized the amendment and stated that it was created with cooperation from the Department of Health and Social Services (DHSS) to make sure certain language was covered in more appropriate statutes and to be less rigid in certain areas should circumstances change in the future. She added that it would also remove facsimile ("fax") from the context of telehealth.

[3:33:31 PM](#)

REPRESENTATIVE SPOHNHOLZ agreed that telehealth should not be delivered via fax and emphasized that the reorganization of statute and language in the amendment was added at the recommendation of DHSS.

[3:34:13 PM](#)

REPRESENTATIVE MCCARTY provided historical context around the Health Insurance Portability and Accountability Act (HIPAA) and fax machines and agreed that it was time to move on.

[3:34:56 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 4 was adopted.

[3:35:14 PM](#)

REPRESENTATIVE SPOHNHOLZ moved to adopt Amendment 5 to HB 265, Version N, labeled 32-LS0754\N.11, Foote, 3/9/22, which read:

Page 1, lines 6 - 7:

Delete "other than a physician licensed in another state"

Page 1, line 10, through page 2, line 5:

Delete all material.

Reletter the following subsections accordingly.

Page 2, line 26:

Delete "(e) and (f)"

Insert "(d) and (e)"

Page 3, line 9:  
Delete "(A)"

Page 3, lines 21 - 22:  
Delete "and  
(B) a physician licensed in another state;"

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

REPRESENTATIVE SPOHNHOLZ explained that after discussion with stakeholders about the out-of-state exemptions provision, she proposed to remove the "non-licensed provider" portion of the bill. She hoped that in the future there would be a way to find a narrow scope of authority for practitioners not licensed in Alaska, specifically for specialists that provide treatments not available in state. She spoke to the complications in finding a workable compromise between keeping Alaska patients safe and providing telehealth access with out-of-state providers and stated candidly that the state was "just not there yet." She mentioned that there had been extensive work with many stakeholders to help "thread the needle" between patient access to care, safety, and appropriate oversight, but that more work was still needed. She stated that she was proposing removal of the non-licensed provider aspect of this legislation because she did not want such a complex issue to slow down the progress of HB 265, but that her commitment to continuing the work toward a complete solution remained. She emphasized that without the non-licensed provider language, HB 265 was focused on improving access of care to Alaskans through telehealth and would still be a "massive advance in access to care."

[3:37:47 PM](#)

REPRESENTATIVE KURKA sought clarification that if Amendment 5 was adopted, only physicians licensed in Alaska could perform telehealth [for Alaskans].

REPRESENTATIVE SPOHNHOLZ confirmed that only those with Alaska medical licenses could conduct telehealth in Alaska. She clarified that there were many out-of-state physicians that were currently licensed in Alaska and providing care to Alaskans. She reiterated that the problem was the rare specialty market that lacked the ability to create sustainable businesses in Alaska. She stated that it was important to make sure that Alaska licensed physicians did not have to pay for unlicensed practitioners and that the SMB was able to regulate those practitioners to hold any "bad actors" who want to take

advantage of the telehealth system accountable for their actions. She mentioned that her office had been actively working with SMB and the Alaska State Medical Association (SMA) and would continue to do so on this issue, but that they both support Amendment 5 at this time.

3:39:37 PM

REPRESENTATIVE KURKA inquired about the difficulty of the Alaska licensure process for out of state practitioners who cannot come to Alaska to apply.

REPRESENTATIVE SPOHNHOLZ directed the question to Director Sara Chambers from the Department of Commerce, Community & Economic Development (DCCED).

3:40:10 PM

SARA CHAMBERS, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community & Economic Development, responded that the process was exactly the same [for all out-of-state applicants].

REPRESENTATIVE KURKA requested a general overview of the list of requirements for licensure, specifically mentioning cost.

MS. CHAMBERS listed several of the licensing requirements. She said there was a fee of "a couple hundred dollars" and applicants must have demonstration of training and education commensurate with becoming a physician, such as a post-graduate degree. There was also a verification of licensure in good standing for those licensed to practice in another state, which she described as a screening that would use a system of databases to check for instances of malpractice or other "dings" on the physician's record. She reported that the State of Alaska does not require background checks for doctors but does ask about the applicant's criminal history. She said that hospital verification from every hospital applicants have credentials in was also required, which can be in the hundreds and can cause a delay in licensing. She summarized that the state's goal was to gather enough information to determine the applicant's education and fitness to serve as a physician.

REPRESENTATIVE MCCARTY mentioned Ms. Chamber's comment that the hospital verification requirement can cause a delay in licensing and questioned, in a case where an applicant had over a hundred credentials to verify, whether there was a [threshold of

verifications completed] that the applicant could reach as a show of good faith to speed up the process.

MS. CHAMBERS expressed her wish for an easy answer but explained that the requirement for hospital or clinic verification had been in the SMB's regulations for many years. She reported that the board has emphasized the importance of discovering whether the applicant was in good standing at each of the hospitals or clinics in which they are credentialed. She explained that there was an emergency courtesy license established during COVID-19 that did not require the hospital verification, so a physician could be granted a temporary license and start to practice while working on obtaining their verifications. She mentioned that there was a [non-emergency] temporary licensure process that a physician could request for the same purpose. She opined that the process is more complex than necessary and stated that DCCED was working with SMB to find solutions, but that currently all verifications were required by regulation for the applicant to become fully licensed.

REPRESENTATIVE MCCARTY sought verification that the licensure requirements came from board regulation rather than Alaska Statute.

MS. CHAMBERS confirmed that the hospital verifications were only in regulation, however many of the other requirements were in statute.

REPRESENTATIVE MCCARTY asked whether it was under the purview of DCCED or SMB to change that regulation.

MS. CHAMBERS explained that SMB has sole authority over its regulations and the department cannot get involved. However, she reported that SMB has had conversations about changing the need for hospital verification, especially during COVID-19, and how to improve licensure flexibility.

[3:46:48 PM](#)

REPRESENTATIVE SPOHNHOLZ added that the full process typically takes 3-4 months, while the emergency courtesy license takes about 4-6 weeks. She explained that this allows the many steps of full licensure to be completed with the goal of ensuring patient safety. She reiterated that it was within the board's purview to regulate this process and mentioned that if members wished to gain a better understanding of the process, the House Labor and Commerce Standing Committee would be holding a hearing

later that week about the current process across all of the state's licensed professions and how the legislature could help streamline the process while maintaining safety and professional integrity.

[3:48:08 PM](#)

REPRESENTATIVE KURKA sought clarification that a single physician might have over a hundred credentials that required verification.

MS. CHAMBERS confirmed that estimate.

[3:48:32 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 5 was adopted.

[3:48:47 PM](#)

REPRESENTATIVE MCCARTY moved to adopt Amendment 6 to HB 265, Version N, labeled 32-LS0754\N.10, Foote, 3/9/22, which read:

Page 8, following line 24:

Insert a new bill section to read:

"\* **Sec. 8.** The uncodified law of the State of Alaska is amended by adding a new section to read:

REGULATIONS. (a) Each applicable board responsible for licensing a profession authorized to provide telehealth services under sec. 1 of this Act shall adopt regulations necessary to implement sec. 1 of this Act. The licensing boards shall adopt the regulations not later than June 30, 2023.

(b) The State Medical Board shall adopt regulations necessary to implement sec. 2 of this Act. The State Medical Board shall adopt the regulations not later than June 30, 2023.

(c) The Department of Health and Social Services shall adopt regulations necessary to implement secs. 3 - 6 of this Act. The Department of Health and Social Services shall adopt the regulations not later than June 30, 2023."

Renumber the following bill sections accordingly.

Page 9, line 9:

Delete "sec. 8(b) "

Insert "sec. 9(b) "

Page 9, lines 11 - 12:

Delete all material and insert:

"\* **Sec. 11.** Section 8 of this Act takes effect immediately under AS 01.10.070(c).

\* **Sec. 12.** Except as provided in secs. 10 and 11 of this Act, this Act takes effect June 30, 2023."

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

REPRESENTATIVE MCCARTY explained that after a bill was passed it did not go into full effect until regulations were made to fit the content of the bill and then signed by the lieutenant governor. He added that regulations can take a long time to be implemented and referenced bills that were still waiting on regulations six years after being signed by the governor. Due to the urgent nature of improving medical access via telehealth, he stated that the amendment would require all affected boards to have the new regulations completed by June 30, 2023.

REPRESENTATIVE SPOHNHOLZ shared her past experience with a bill that took several years to go into effect due to a long regulatory process. She expressed that the wishes of physicians across Alaska were for HB 265 to go into effect quickly and that this amendment would make that intent explicit.

[3:51:01 PM](#)

REPRESENTATIVE PRAX asked whether the request for regulations by June 2023 was unreasonable.

[3:51:26 PM](#)

MS. CHAMBERS stated her belief that it was possible for the regulations to be accomplished within a year and that having the date specified by the legislature would be helpful.

[3:52:14 PM](#)

REPRESENTATIVE KURKA wondered whether the proposed timeline was too generous. He shared his understanding that some boards met irregularly, but opined that regulations being completed beyond a year would be unacceptable. He referenced the effective date of the legislation itself and questioned whether a year for completing regulations would be too long.

[3:53:24 PM](#)

REPRESENTATIVE SPOHNHOLZ responded that the effective date of the bill was currently 90 days. She noted that there was a public comment period during the creation of regulations that was very important to the process because it ensured that the regulations encompassed the perspectives of all stakeholders. She posited that the full year would allow ample time for the public to give their feedback, which in turn would allow the boards to create practical and useful regulations.

CO-CHAIR ZULKOSKY added that the language of the amendment would allow for an earlier completion of regulations if possible.

[3:54:38 PM](#)

REPRESENTATIVE MCCARTY agreed with Representative Kurka that he would prefer the regulations to be enacted even faster but stated that Legislative Legal Services had advised that giving a deadline for regulation was "treading new waters," and that a one-year timeline would be more prudent.

[3:55:09 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 6 was adopted.

[3:55:16 PM](#)

REPRESENTATIVE MCCARTY moved Conceptual Amendment 7 to HB 265, Version N, to add the language "health care provider licensed in the state" to the first section of the bill describing who can perform telehealth care.

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

REPRESENTATIVE MCCARTY noted that with the adoption of Amendment 5, the bill allows only individuals who are licensed in Alaska to practice telehealth in the state. He explained that the Conceptual Amendment 7 would provide.

REPRESENTATIVE SPOHNHOLZ stated that the language was already included on a different page of the bill but described the amendment as a "belt and suspenders" for clarity and there was no reason not to include it. She mentioned that legislation can often create layperson confusion and that this amendment would make the requirement of Alaska licensure extra clear.

[3:56:57 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Conceptual Amendment 7 was adopted.

[3:57:42 PM](#)

The committee took a brief at-ease.

[3:57:49 PM](#)

CO-CHAIR SNYDER moved to report CSHB 265, Version 32-LS0754\N, Foote, 3/1/22, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 265(HSS) was reported out of the House Health and Social Services Standing Committee.

[3:58:42 PM](#)

The committee took an at-ease from 3:58 p.m. to 4:01 p.m.

**HB 292-HOME AND COMMUNITY-BASED WAIVER SERVICES**

[4:01:37 PM](#)

CO-CHAIR ZULKOSKY announced that the final order of business would be HOUSE BILL NO. 292, "An Act relating to home and community-based services; and providing for an effective date."

CO-CHAIR ZULKOSKY said the committee would hear invited testimony.

[4:02:15 PM](#)

DEBBIE MULHOLLAND, Caregiver, testified in support of HB 292 because she believed in advocating to give her clients "the care they need." She talked about her personal experience of being a professional caregiver for over ten years and working with clients who also have family members as caregivers. She shared anecdotal stories of the problems and stressors these family members face which have been exacerbated by a lack of professional care available. She mentioned that decreasing options for these families due to a lack of funding for caregivers over the last 10 years has forced more family members to fill the caregiver role, which sometimes has led to an inability to fully meet the patient's needs. She reported that

her employer had made the choice to no longer accept Medicaid because of continual cuts to hours and that service was just one in a long list of resources and options that have been diminished. The cuts have gone "far too far," she opined, and have left this vulnerable population without the ability to complete basic needs, like feeding, showering, and going to the bathroom. She stated that passing HB 265 would help restore the amount of hours caregivers can work, allowing more seniors to receive services. She shared that during the COVID-19 crisis, caregivers continued to show up and serve their clients, and she asked the committee to support approving hazard pay for these caregivers.

[4:05:47 PM](#)

JANET JOHNSON, representing self, testified in support of HB 292 and shared her 22 years of experience navigating the care system for her daughter, Rose, who has multiple disabilities. She expressed how challenging it was to receive even the most basic care for Rose and that she often had to care for her completely alone. She spoke of the difficulty in finding respite help due to the limited hours for which her daughter was approved. One of the ultimate goals for her family and others caring for someone with disabilities was to get off the waitlist for more hours, which she said they finally achieved, but were then met with a complete lack of caregivers. She shared that in the absence of a professional caregiver through the state, her son, Sam, provided years of unpaid assistance. She emphasized her exhaustion from working two jobs to make ends meet and the stress of providing care for Rose. She had heard that family members could be paid to provide care and opined that obtaining that funding was harder than it should be. She expressed her difficulty with the regulations around payment for in-family care and with finding concrete answers through the process. Eventually, she said, she ended up speaking to the judge who had helped establish guardianship of Rose and he was able to add payment for her son to the paperwork, but she lamented that the process also took a couple years. She expressed her gratitude for the pay but reported that it was at \$13 an hour and Sam could get paid for only part of his caregiving time and under very restrictive circumstances. She said that when her daughter was able to finally find an appropriate group care home the facility was unable to find caregivers to provide her services. She explained that her daughter was now living in Anchorage, Alaska, which was Rose's dream, but even with a lot of creative support, she was unsure how much longer it would be sustainable, and worried that she would be unable to live on the \$13 an hour

if Rose had to return home for care. She opined that HB 292 was a small but important step toward getting more people the help they need.

[4:12:53 PM](#)

CO-CHAIR SNYDER asked Ms. Johnson to share any additional details she had on the reduction of hours her family experienced.

MS. JOHNSON described the allotment of respite hours as "use them or lose them" but that it was always a fight to find anyone available. She explained how low staffing in her daughter's current group home made it hard for the home to meet requirements, like taking Rose to her doctor's appointments.

[4:16:02 PM](#)

CO-CHAIR SNYDER thanked Ms. Johnson for her testimony.

[4:16:25 PM](#)

JUDITH JESSEN, representing self, testified in support of HB 292 in her capacity as a former caregiver, but spoke first about her experiences growing up in and around assisted living facilities due to her father's job as a caregiver. She recounted many personal stories that highlighted her desire to become a caregiver from a young age. She shared that she was hired as a caregiver directly out of high school with a plan to work full time to save money to go to school for human services and further her caregiving career. However, she stated that although she repeatedly heard about need for care, she struggled to find a full-time schedule. She stated that she was eventually able to find a full-time position with her "dream client" and described the close personal relationship that she built with that client. She said that "everything was perfect except the hours of care changed all the time," leaving her in a position where she was unable to pay her bills or tuition. In order to keep working as a caregiver, she shared, she had to pick up multiple other jobs and worked an average of 100 hours a week. She expressed that this continued until she was about to turn 26 and was faced with the upcoming additional cost of paying for her own insurance. She shared that trying to balance giving quality care, making enough money to live, and attending to her personal and familial life became too overwhelming and she had to make a "devastating decision to leave the profession." She stated that she currently worked for the

caregiver's union to help make the situation better for caregivers and their clients. She had considered returning to caregiving now that she was married, but the pay and instability of hours remained a barrier. She expressed that being unable to be a caregiver was "the regret of my lifetime." She reiterated her strong support for HB 292, stating that the spending for hazard pay and prevention of hour cuts it included would be a big step towards making it easier for caregivers to do the jobs they love.

[4:23:03 PM](#)

CO-CHAIR ZULKOSKY opened public testimony on HB 292.

[4:23:26 PM](#)

LAURA BONNER, representing self, testified in support of HB 292, sharing that she was the primary caregiver for her daughter who has received disability services to assist with her care. She said that many of the caregivers did very well in their jobs; however, the pay had not increased for those positions very much over the years and so the turnover rate was very high. She emphasized the importance of retaining well-trained caregivers as there can be serious harm done if a caregiver does not recognize triggers within their clients. She voiced support for providing better stability for the caregiving profession and mentioned several specific parts of the bill that she supported, including changes to notification and the terms for discontinuation of service. She emphasized that HB 292 would help allow her daughter to receive the services that keep her healthy and safe.

[4:25:39 PM](#)

ROSE JOHNSON, representing self, testified in support of HB 292. She compared her experience with caregiver availability to being on a rollercoaster. She explained that because of the lack caregivers in Alaska, her brother has been her primary caregiver for most of her life, but she expressed that she didn't want him to have to do that forever. She shared her desire to go to concerts and "be a popstar" and told the committee that she wanted a caregiver who was fun and could support her goals. She expressed her belief that the bill would help people like her live their dreams.

[4:31:12 PM](#)

CO-CHAIR ZULKOSKY, after ascertaining there was no one else who wished to testify, closed public testimony on HB 292.

4:31:20 PM

CO-CHAIR ZULKOSKY announced that HB 292 would be held over.

4:32:07 PM

**ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:32 p.m.